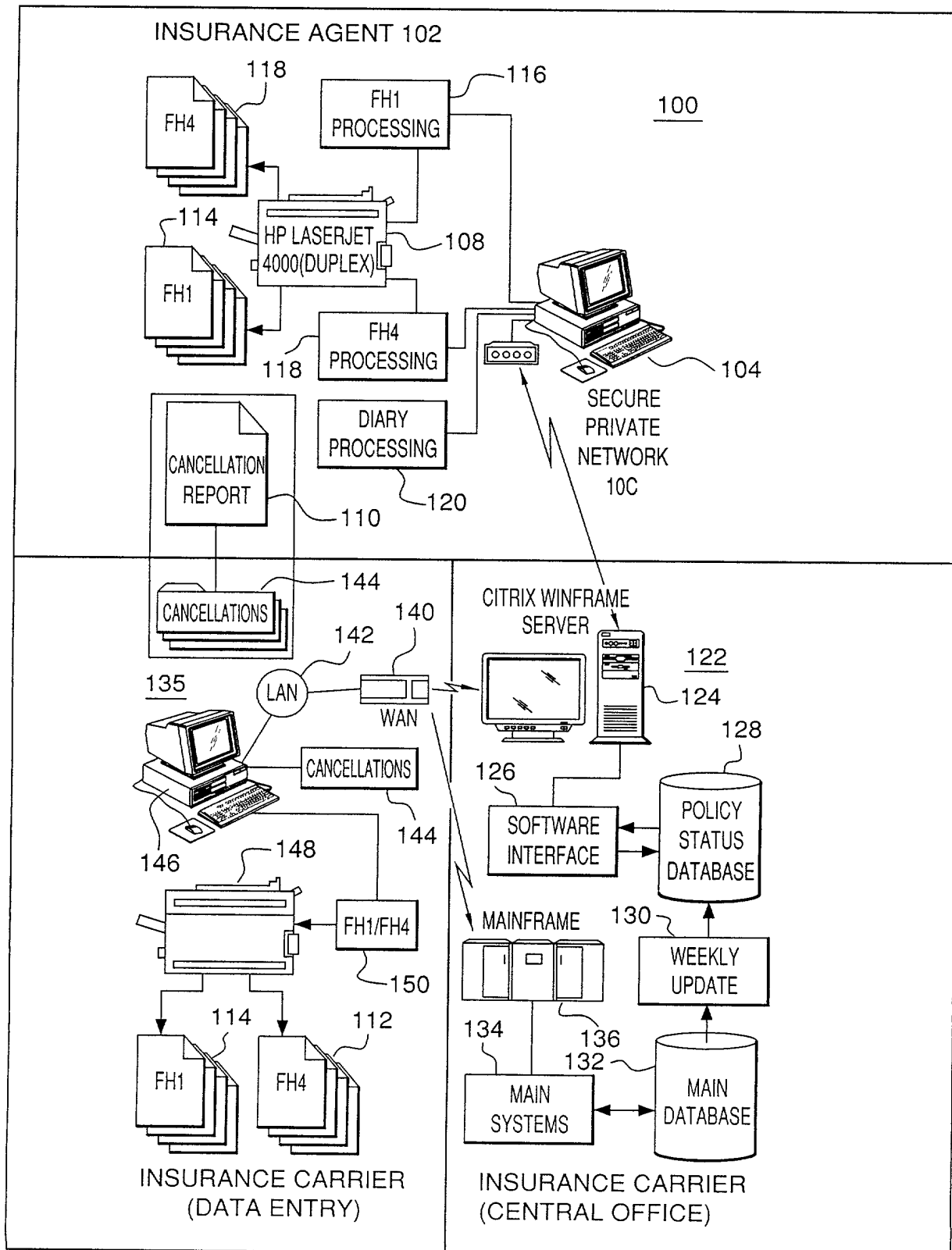


FIG. 1

100



10057794-082001

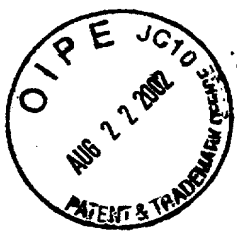
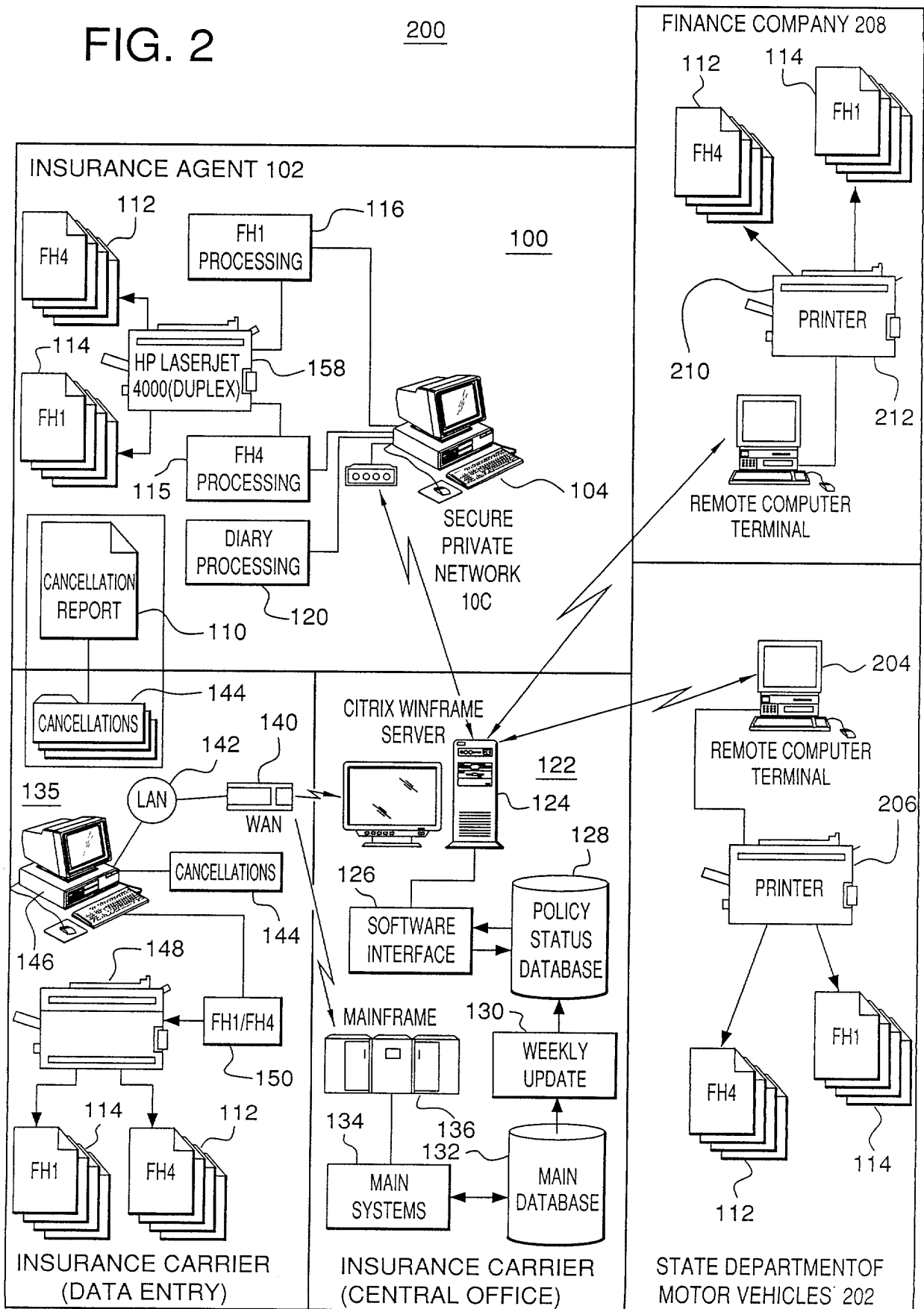


FIG. 2

200





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Docket No. 99-40112-US-C1
Thomas J. McWilliams, Esq.
Phone No. (215) 241-7939

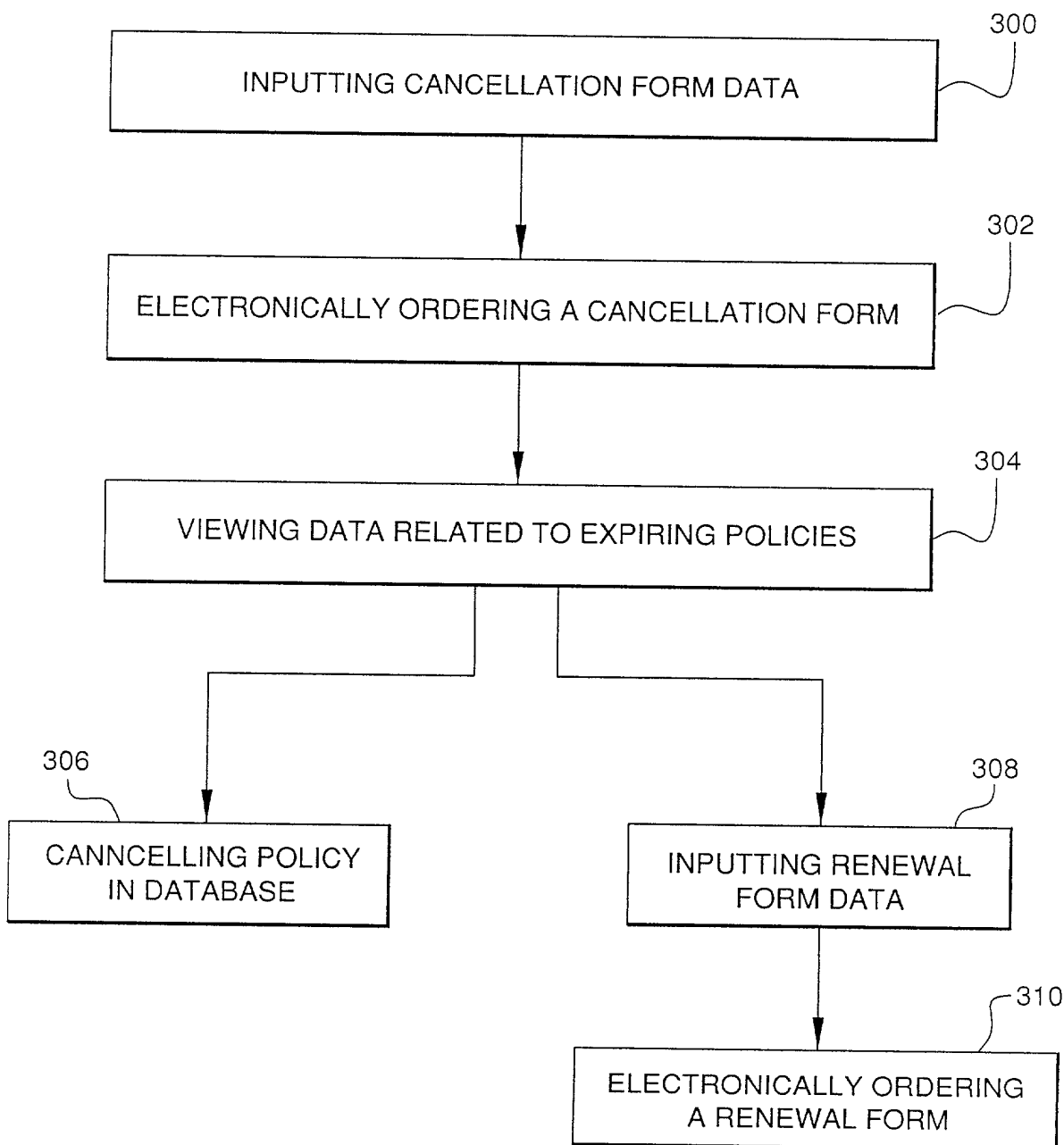


FIG. 3



400

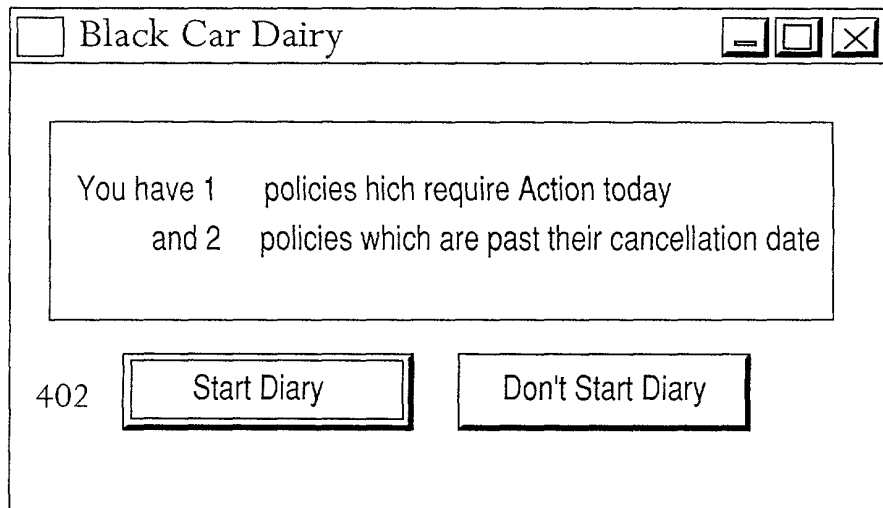
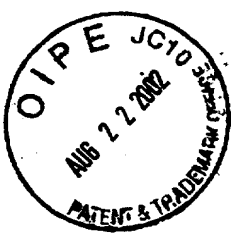


FIG. 4



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Inventor: Chapman et al.
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Thomas J. McWilliams, Esq.
Phone No. (215) 241-7939

Options Help

500

Select a Policy

Your search returned 768 policies

| Policy Number | Insured Name | Effective Date | Expiration Date | Carrier Status | FH Status |
|---------------|----------------|----------------|-----------------|----------------|-----------|
| CAL388837 | John Insured | 01/01/1999 | 02/28/1998 | EX | |
| CAL452228 | Jane Insured | 11/01/1997 | 02/28/1998 | EX | |
| CAL452228 | Jane Insured | 02/28/1998 | 02/28/1998 | AC | FH4 |
| CAL452229 | George Covered | 11/01/1997 | 02/28/1998 | EX | |
| CAL452229 | George Covered | 02/28/1998 | 02/28/1998 | AC | |
| CAL452230 | Tony Driver | 11/01/1997 | 02/28/1998 | EX | |
| CAL452230 | Tma Driver | 02/28/1998 | 02/28/1998 | AC | |

Click any column on the policy you wish to work on

Cancel

FIG. 5



600

Black Car

File Options Help

Policy H91111111 effective 2/28/2001

602 Policy Number Effective Date Expiration date
Product Code Company Name
Policy Source Carrier Status FH Status Policy History

604 Insured Name and Address
Name:
Address: 1
Address: 2
City State Zip
Employment Information (optional)
Soc. Sec.
Fed. Emp. No.
☐ U.S.A. Social Security No.
☐ Federal Employment Number
☐ Canadian Social Security No.

608 Vehicle Information
Year Make Model VIN/ Serial No. Seating Capacity

Transaction Information
Type ☒ FH 1 ☐ FH 4 Reason Effective Date

610 612

614

FIG. 6



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Inventor: Chapman et al.
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Thomas J. McWilliams, Esq.
Phone No. (215) 241-7939

Microsoft Access

File Edit View Insert Tools Window Help

Policy Table

| Field Name | Data Type | Description |
|--------------------|-----------|---|
| Effective_Date | Text | |
| Expiration_Date | Date/Time | |
| Policy_Status | Text | |
| Company_Code | Text | |
| Premium | Number | |
| Insured_Name | Text | |
| Insured_Address_1 | Text | |
| Insured_Address_2 | Text | |
| Insured_City | Text | |
| Insured_State | Text | |
| Insured_Zip | Text | |
| Make | Text | |
| Model | Text | |
| Vin | Text | |
| Year | Text | |
| Policy_Source | Text | Where the policy information was entered |
| Policy_Update_Date | Date/Time | Date the policy record was updated |
| FH_Status | Text | FH1 or FH4 - blanks allowed |
| Producer_Code | Text | Producer code determines whether or not a policy is Black Car or Grey Car |

Field Properties

General Lookup

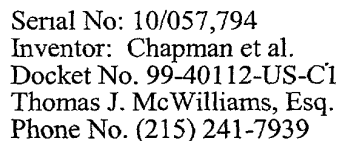
| | |
|-----------------|-----|
| Format | 9 |
| Input Mask | |
| Caption | |
| Default Value | |
| Validation Rule | |
| Validation Text | |
| Requested | Yes |
| | No |
| | No |

A field name can be up to 64 characters long; including spaces Press F1 for help on field names.

Design view F6 - Switch views F1 - Help

700

FIG. 7



11039292



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Inventor: Chapman et al.
Docket No. 99-40112-US-C1
Thomas J. McWilliams, Esq.
Phone No. (215) 241-7939

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company

- ☒ herby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE CERTIFICATE heretofore issued to,
☐ herby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to.

John Insured
One Liberty Place
Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

| Year | Make of Vehicle | Identification or Serial No. | Seating Capacity |
|------|-----------------|------------------------------|------------------|
| 2000 | FORD | 927H657H8989H7 | 5 |

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company

- ☒ herby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE CERTIFICATE heretofore issued to
☐ herby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to.

John Insured
One Liberty Place
Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

| Year | Make of Vehicle | Identification or Serial No. | Seating Capacity |
|------|-----------------|------------------------------|------------------|
| 2000 | FORD | 927H657H8989H7 | 5 |

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty

State of New York - Department of Motor Vehicles
TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

| | | | | | | | | | |
|---|-------------------------------------|--------------------------------------|---|---|---|---|---|---|---|
| SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Individual | Federal | Canadian | | | | | | | |
| <input checked="" type="checkbox"/> U.S.A. | <input type="checkbox"/> Employer's | <input type="checkbox"/> Soc Sec No. | | | | | | | |
| Soc. Sec. No. | Number | Number | | | | | | | |

is TERMINATED

effective 02/20/2001

at midnight

(Cannot be less than 45 days after receipt in Department)

Name and Address of Agency or Office Issuing FH-4

Insurance Agency
1735 Market St
Philadelphia, PA 19103 Agent

By Signature of Authorized Representative

State of New York - Department of Motor Vehicles
TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

| | | | | | | | | | |
|---|-------------------------------------|---------------------------------------|---|---|---|---|---|---|---|
| SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Individual | Federal | Canadian | | | | | | | |
| <input checked="" type="checkbox"/> U.S.A. | <input type="checkbox"/> Employer's | <input type="checkbox"/> Soc Sec. No. | | | | | | | |
| Soc. Sec. No. | Number | Number | | | | | | | |

is TERMINATED

effective 02/20/2001

at midnight

(Cannot be less than 45 days after receipt in Department)

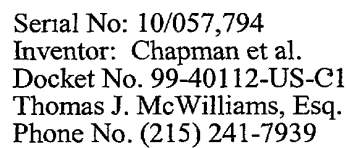
Name and Address of Agency or Office Issuing FH-4

Insurance Agency
1735 Market St
Philadelphia, PA 19103 Agent

By Signature of Authorized Representative

State of New York - Department of Motor Vehicles
TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

FIG. 9



6111

John Insured
One Liberty Place
Philadelphia, PA 19103

| Year | Make of Vehicle | Identification or Serial No | Seating Capacity |
|------|-----------------|-----------------------------|------------------|
|------|-----------------|-----------------------------|------------------|

6111

John Insured
One Liberty Place
Philadelphia, PA 19103

| Year | Make of Vehicle | Identification or Serial No. | Seating Capacity |
|------|-----------------|------------------------------|------------------|
|------|-----------------|------------------------------|------------------|

6111

| Individual | Federal | Canadian |
|---------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> U.S.A. | <input type="checkbox"/> Employer's | <input type="checkbox"/> Soc Sec. No |
| Soc Sec. No | Number | Number |

FIG. 10